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PTO/SB21 (02-04) U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TO THATE **TRANSMITTAL** 10/643,450 **Application Number FORM** August 19, 2003 Filing Date Breier, et al. First Named Inventor (to be used for all correspondence after initial filing) 1654 Art Unit Andrew D. Kosar **Examiner Name** ERNZ-01084US1 Total Number of Pages in This Submission 16 Attorney Docket Number

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Fee Transmittal Form	ENCLOSURES (Check all that apply)								
Fee Attached									
Amendment/Reply		☐ Fee Attached			Licensing-related Papers	l	Appeal Communication to Board of		
After Final					Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply		
Affidavits/declaration(s)		☐ After F	inal				0	·	
□ Extension of Time Request □ Express Abandonment Request □ Information Disclosure Statement and PTO Form 1449 □ Certified Copy of Priority Document(s) □ Response to Missing Parts/ Incomplete Application □ Response to Missing Parts under 37 CFR 1.52 or 1.53 □ D. Benjamin Borson, PhD., Reg. No. 42,349 □ 1320 Willow Pass Rd., #490, Concord, CA 94520 □ Telephone; (925) 395-2060 □ Signature □ Terminal Disclaimer □ Request for Refund □ CD, Number of CD(s) □ Card; Check #1137 for \$180.00 □ Certified Copy of Priority Document(s) □ Response to Missing Parts/ Incomplete Application □ Response to Missing Parts under 37 CFR 1.52 or 1.53 □ D. Benjamin Borson, PhD., Reg. No. 42,349 □ 1320 Willow Pass Rd., #490, Concord, CA 94520 □ Telephone; (925) 395-2060 □ Signature □ Terminal Disclaimer □ Copy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Cardified Copy of Cited reference; return receipt post card; Check #1137 for \$180.00 □ Cardified Copy of Cited reference; return receipt post card; Check #1137 for \$180.00 □ Cardified Copy of Cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; return receipt post card; Check #1137 for \$180.00 □ Capy of cited reference; card; Check #1137 for \$180.00 □ Capy of cited reference; card; Check #1137 for \$180.00 □ Capy of cited reference; card; Check #1137 for \$180.00 □ Capy of cited reference; card; Check #1137 for \$180.0		☐ Affida	vits/declaration(	(s)		Power of Attorney, Revocation		Status Letter	
Information Disclosure Statement and PTO Form 1449  Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY OR AGENT  Firm Or Individual name D. Benjamin Borson, Ph.D., Reg. No. 42,349 1320 Willow Pass Rd., #490, Concord, CA 94520 Telephone; (925) 395-2060  Signature Date February 15, 2007  CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO VIA FAX NO. (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as U.S. First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  Type or printed name  D. Benjamin Borson, Ph.D.		Extension of	Time Request			•	X		
Information Disclosure Statement and PTO Form 1449  Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY OR AGENT  Firm Or Individual name Individua		Express Abar	ndonment Requ	uest		Request for Refund	Copy	of cited reference: return receipt post	
Response to Missing Parts   Incomplete Application   Response to Missing Parts under   37 CFR 1.52 or 1.53    SIGNATURE OF APPLICANT, ATTORNEY OR AGENT    Firm Or Individual name   1320 Willow Pass Rd., #490, Concord, CA 94520    Telephone; (925) 395-2060    Signature   1320 Willow Pass Rd., #490, Concord, CA 94520    Telephone; (925) 395-2060    Signature   15, 2007    CERTIFICATE OF TRANSMISSION/MAILING    I hereby certify that this correspondence is being facsimile transmitted to the USPTO VIA FAX NO. (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as U.S. First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  Type or printed name   D. Benjamin Borson, Ph.D.	×		isclosure State	ment and PTO		CD, Number of CD(s)			
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Response to Missing Parts under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY OR AGENT  Firm Or Individual name 1320 Willow Pass Rd., #490, Concord, CA 94520 Telephone; (925) 395-2060  Signature 75 CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO VIA FAX NO. (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as U.S. First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  Type or printed name D. Benjamin Borson, Ph.D.	Response to Missing Parts/								
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Signature Date   February 15, 2007	Type or printed name D. Benjam			D. Benjam	in Borson, Ph.D.				
Signature 1 3 Section 2 Date 1 editory 13, 2007	Signature A				<del>,</del>	· B	Dat	e February 15, 2007	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEEDS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patent, P.O. Box 1450,. Alexandria, VA 22313-1450.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Breier, et al. Examiner: Andrew D. Kosar

Serial No.: 10/643,450 Group Art Unit: 1654

Filed: August 19, 2003 Confirmation No.: 4401

For: Regulation of Angiotensin II Receptors in Mammals Subject to Fetal Programming

Attorney Docket No.: ERNZ-01084US1

Mail Stop Amendments Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## INFORMATION DISCLOSURE STATEMENT

This Information Disclosure Statement is being filed in connection with the patent application referenced above. The Examiner is requested to consider each of the references cited herein and forward an initialed copy of the enclosed PTO Form 1449 to the undersigned representative. This Statement is being filed:

		Upon filing the application.			
contin	ued pros	Within three months from the filing date of this application, which is not a secution application.			
		Within three months from date of entry of the national stage for this application.			
		Before the mailing date of a first Office action on the merits for this application.			
Before the mailing date of a first Office action after the filing of a continued examination.					
	X	Before the mailing date of any of: (i) a Final Office Action, (ii) a Notice of			

Before the mailing date of any of: (i) a Final Office Action, (ii) a Notice of Allowance, and (iii) any other action that closes prosecution of this application. The Statement is accompanied by:

	A Statement pursuant to 37 C.F.R. §1.97(e) or
X	The fee set forth in 37 C.F.R. §1.17(p), believed to be \$180.00.
	Before payment of the Issue Fee. The Statement is accompanied by:
	A Statement pursuant to 37 C.F.R. §1.97(e) and
	The fee set forth in 37 C.F.R. §1.17(p), believed to be

02/22/2007 SSESHE1 00000011 10643450

## I. **Provision of Copies**

⊠ enclosed here	A copy of each of the references listed on the attached Form PTO Form 1449 is with and forms a part hereof.
part hereof.	A translation of References AA, AB and AC are enclosed herewith and form a
application is	A copy of the European Search Report from a corresponding or related EPO enclosed herewith.
application is	A copy of the International Search Report from a corresponding or related PCT enclosed herewith.
Application submitted to	This application claims priority, pursuant to 35 U.S.C. §120, to prior U.S. No, filed References not submitted herewith were or cited by the Office in the prior application(s).
II. Fee	
	No fee is believed due in connection with filing of this Statement. However, in see or refund is due, the Commissioner is authorized to charge any fee associated amunication or credit any overpayment to Deposit Account No. 50-4089.
	The fee in the amount \$ that is due in connection of filing of this as paid upon electronic filing of a corresponding Statement, which was made on using the ePAVE software.
due in connec	The fee set forth in 37 C.F.R. §1.17(p), believed to be \$180.00, is believed to be ction of filing of this Statement.
X	Check No. 1137, in the amount \$180.00, is enclosed.
⊠ communicati	The Commissioner is authorized to charge any other fee associated with this on, or credit any overpayment, to Deposit Account No. 50-4089.
	Respectfully submitted

Dated: Feb. 15,2007

D. Benjamin Borson, Ph.D. Registration No. 42,349 Attorney for Applicant(s)

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PTO/SB/08B (09-06)
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Substitute for form 1449/PTO				e required to respond to a collection of information unless it contains a valid OMB control number.  Complete if Known		
				Application Number	10/643,450	
INFO	DRMATION	DIS	CLOSURE	Filing Date	August 19, 2003	
STATEMENT BY APPLICANT			PPLICANT	First Named Inventor	Breier, et al.	
(Use as many sheets as necessary)				Art Unit	1654	
(030 as many shous as necessary)			lecessary)	Examiner Name	Andrew D. Kosar	
Sheet	1	of	1	Attorney Docket Number	ERNZ-01084US1	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
	1	ANNAROSA LERI, "Overexpression of Insulin-Like Growth Factor-1 Attenuates the Myocyte Renin-Angiotensin System in Transgenic Mice", Dept. of Medicine, New York Medical College	
	1	1/18/1999, American Heart Association, Inc., pp. 752-762.	
•			

Examiner	Date	
Signature	 Considered	

<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

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